

Comprehensive Community Services (CCS)

Program Description

General Description:

Recovery is possible with the right treatment and supports at the right time. Comprehensive Community Services (CCS) is one option for individuals seeking help. CCS programming is available to people of all ages (youth—elderly), coping with a mental health or substance use condition. Each individual's experience with Comprehensive Community Services (CCS) is unique. If an individual is already in a Community Support Program or Targeted Case Management, CCS may be an alternative option.

Who is Eligible?

CCS is for Milwaukee County residents who receive Medicaid (T-19), are in need of ongoing services resulting from mental health and/or substance use disorders, and who are determined in need of CCS services upon completion of the MH/AODA Functional screen.

Program Components:

CCS is built around proven treatment and support methods. The programs offered through CCS are designed to promote and support recovery by stabilizing and addressing an individual's critical mental health needs, including substance use problems; an individual's ability to self-manage their physical and social health; and an individual's ability to meet their basic needs, including housing, education, and employment skills.

In CCS, the individual takes control of their treatment and recovery. Programming is provided by a variety of people and may include:

- Case management (Coordinating and monitoring services to ensure the individual receives timely and appropriate care)
- Communication skills training (Developing interpersonal skills, conflict resolution, and assertiveness)
- Community skills development and enhancement (Developing independent living skills)
- Employment related skill training (Assistance in gaining and utilizing skills necessary to find and hold a job)

- Individual and family psychoeducation (Developing coping skills to manage the issues posed by mental illness and/or substance use disorder)
- Medication management
- Physical health and monitoring (Managing side effects and symptoms of illness, including monitoring of vital signs)
- Recovery education and illness management (Identifying supports for recovery and advocating for those supports)
- Residential support services
- Therapy (**please see rule below**)
- Substance use disorder treatment

Individuals enrolled in CCS work with a dedicated team to decide which programs and supports will assist the individual to reach their recovery goals.

****Per the Forward Health Update, June 2014, no. 2014-42, for members enrolled in a CCS program, there is a special rule about *Outpatient Psychotherapy* and *Mental Health Day Treatment*. These two services MUST be provided by an authorized CCS provider. ****

(Wisconsin Department of Health Services, 2015)

Comprehensive Community Services (CCS) Admission Agreement

Participant Name: _____ Date: _____

CCS Agency Information

Services are provided during _____, but may be provided after-hours by arrangement when a need is determined.

Crisis Intervention Services are available during agency operational hours and after-hours. Crisis services may be accessed during _____ by calling _____ and requesting them.

After-hours crisis services can be accessed by calling 414-257-7222, which is Milwaukee County's Crisis Line.

Participant Rights

All rights outlined in the Your Rights and the Grievance Procedure brochure, apply to Comprehensive Community Services. In addition, consumers of CCS have the right to:

1. Choice in the selection of recovery team members, services, and service providers.
2. The right to specific, complete, and accurate information about proposed services.
3. The fair hearing process under s. DHS 104.01 (5) for Medical Assistance Participants, for all other consumers the right to request a review of a CCS determination by the Department of Health and Family Services.

Acknowledgement (initial next to the statements below)

_____ I acknowledge that I have read the program description and understand the nature and purpose of the Comprehensive Community Services (CCS) program.

_____ I received a copy of Your Rights and the Grievance Procedure, and it has been explained to me.

_____ I have been provided with information on the cost of services as well as my financial responsibility for the services I receive.

_____ I have been notified of the special rule for Outpatient Psychotherapy and Adult Mental Health Day Treatment. These two services can ONLY be provided by an approved CCS provider.

_____ I am not under a court order to participate in treatment

I HEREBY CONSENT TO COMPREHENSIVE COMMUNITY SERVICES

* If the consumer is a competent adult, then only his or her signature is required.

* If the consumer is 14 years old or older but not yet eighteen, then BOTH the consumer and a parent or guardian must sign.

* If the consumer is under the age of 14 years old, then only the parent or guardian must sign.

* If the consumer had been adjudged to be incompetent the appointed guardian must sign.

Signature _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

Comprehensive Community Services (CCS) Application for Services

The CCS agency assigned to complete the Screen for eligibility with the consumer will assist the consumer to fill out this Application, once it has been established that the consumer understands the program and has voluntarily signed the Admission Agreement.

Name: _____ Date of Application: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male

Address: _____ City: _____

Zip: _____

Home Phone: _____ Other Phone: _____

Referral Source (did anyone assist you with the referral to CCS?):

☐ Self ☐ MH/AODA Outpatient Service Provider ☐ Hospital

☐ Crisis Services ☐ Medical Provider ☐ Other _____

If anyone assisted you with the CCS referral, please provide the contact information below:

CONTACT NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO INDIVIDUAL

Insurance: ☐ Yes: Type/Policy Number: _____

☐ No Insurance

Reason for application:

Do you currently receive services from any Milwaukee County Community Access to Recovery Services (CARS) service provider? (case management, therapy, representative payee, psychiatry, nursing, adult family home services, etc.)

☐ Yes

☐ No

If you checked **Yes**, please list the provider(s) and address(es) below:

PROVIDER	ADDRESS

Do you currently receive services from any other service provider? (**outpatient psychotherapy, mental health day treatment**, case management, therapy, representative payee, psychiatry, nursing, adult family home services, etc.)

☐ Yes

☐ No

If you checked **Yes**, please list the provider(s) and address(es) below:

PROVIDER	ADDRESS

Do you have a legal guardian?

☐ Yes

☐ No

If you checked **Yes**, please provide your guardian's information below:

GUARDIAN	ADDRESS	PHONE NUMBER

Do you have a CCS Care Coordination agency preference? ☐ Yes ☐ No

If yes, please list the agency: _____

Name of the Person and Agency assisting the consumer to fill out this application:

Name of Person	Agency	PHONE NUMBER

Signature of person assisting consumer

Date